

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Skagit State Bank  
1620 Continental Place, P O Box 1040  
Mount Vernon, WA 98274



200407190048  
Skagit County Auditor

7/19/2004 Page 1 of 2 9:11AM

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: **STEWART**      FIRST NAME: **CHARLES**      MIDDLE NAME: **J**      SUFFIX:

1c. MAILING ADDRESS: **1306 SKAGIT ST**      CITY: **MOUNT VERNON**      STATE: **WA**      POSTAL CODE: **98274**      COUNTRY: **USA**

1d. SEE INSTRUCTIONS      ADD'L INFO RE ORGANIZATION DEBTOR      1e. TYPE OF ORGANIZATION: **Individual**      1f. JURISDICTION OF ORGANIZATION      1g. ORGANIZATIONAL ID #, if any       NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME: **STEWART**      FIRST NAME: **PAULETTE**      MIDDLE NAME: **M**      SUFFIX:

2c. MAILING ADDRESS: **1306 SKAGIT ST**      CITY: **MOUNT VERNON**      STATE: **WA**      POSTAL CODE: **98274**      COUNTRY: **USA**

2d. SEE INSTRUCTIONS      ADD'L INFO RE ORGANIZATION DEBTOR      2e. TYPE OF ORGANIZATION: **Individual**      2f. JURISDICTION OF ORGANIZATION      2g. ORGANIZATIONAL ID #, if any       NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: **Skagit State Bank**

OR

3b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX:

3c. MAILING ADDRESS: **901 S Cleveland St, P O Box 339**      CITY: **Mount Vernon**      STATE: **WA**      POSTAL CODE: **98273**      COUNTRY: **USA**

4. This FINANCING STATEMENT covers the following collateral:

**ONE (1) 1981 STONERIDGE MOBILE HOME 48X24 (Serial Number WAFL20043643687A) together with all equipment, including without limitation all tools, equipment, accessories, awnings, skirting, decks and built-in appliances; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).**

P25235 16-34-4

5. ALTERNATIVE DESIGNATION (if applicable):    LESSEE/LESSOR    CONSIGNEE/CONSIGNOR    BAILEE/BAILOR    SELLER/BUYER    AG LIEN    NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)    7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)    All Debtors    Debtor: 1    Debtor: 2

8. OPTIONAL FILER REFERENCE DATA

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME <b>STEWART</b>	FIRST NAME <b>CHARLES</b>	MIDDLE NAME, SUFFIX <b>J</b>
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10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any  NONE

12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:  
**P25235 340416-3-008-0125**  
**MANUFACTURED HOME ONLY 1981 STONERIDGE 48X24**  
**S/N WAFL2AA43643687A PARK VILLAGE MOBILE PARK**  
**SPACE #125**  
**SITUATED IN SECTION 16, TOWNSHIP 34, RANGE 4 E.WM,**  
**IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT,**  
**STATE OF WA.**

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  
**PARK VILLAGE MOBILE PARK**  
**2725 E FIR**  
**MOUNT VERNON, WA 98273**

16. Additional collateral description:

  
**200407190048**  
**Skagit County Auditor**  
**7/19/2004 Page 2 of 2 9:11AM**

17. Check only if applicable and check only one box  
 Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction - effective 30 years  
 Filed in connection with a Public-Finance Transaction - effective for 30 years